	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 39C0001165		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 04/11/2023	Y
NAME OF PROVIDER OR SUPPLIER: LIBERTY EYE SURGICAL CENTER, LLC STATE LICENSE NUMBER: 17401501			STREET ADDRESS 9122 BLUE G PHILADELP	RASS ROA	D		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII					(X5) COMPLETE DATE	
S 0000	This report is the result conducted on February Surgical Center, LLC. was not in compliance Pennsylvania Department Regulations for Ambul A, Title 28, Part IV, Surgical States of the S	123, 2023, at Liberty It was determined the with the requirement ent of Health's Rules atory Care Facilities abparts A and F, Charter	y Eye he facility hts of the s and s, Annex	S 0000			
S 033C				S 033C			
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:	

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A (X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001165				04/11/2023	
LIBERTY	VIDER OR SUPPLIER: EYE SURGICAL CENTER SE NUMBER: 17401501	R, LLC	9122 BLUE G PHILADELPI	RASS ROA	D		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033C	Continued from page 1 553.3 (3) Governing Body I 553.3 Governing Body respo (3) Assuring the f adequate and appropriate to objectives. This REGULATION is not	nsibilities include: acilities and personnel a carry out the goals and	re	S 033C	The governing board met to the citations and to educate themselves on their roles and responsibilities within the organization. They were edu how the lack of their oversite the citations and they were edu how the lack of their oversite the citations and they were edu how the center bylaws. The bovoted to meet more often in to stay more involved. The bourrently meets in person on quarter. They will continue with schedule but will also meet conce a month on the months out the quarterly in-person in The board educated the administrator, director of nurand medical director on their The administrator is responsible for medication sand environmental care. The director is responsible for overseeing what the administrand director of nursing is do order to audit the progress of changes the board voted to responsible for	d acated on e led to educated oard an effort coard ce per with that on zoom with neetings. rsing r roles. ible for ialing rsing is torage e medical etrator ing. In f these	Completion Date: 06/30/2023 Status: APPROVED Date: 05/31/2023
					an on-going agenda at gover	ning	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001165		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 04/11/2023	EY
LIBERTY	VIDER OR SUPPLIER: EYE SURGICAL CENTER E NUMBER: 17401501	R, LLC	STREET ADDRESS, 9122 BLUE G PHILADELPI	RASS ROA	D		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033C	Continued from page 2			S 033C	board meetings including 1. Credentialing 2. New Emplo Medication Storage 4. Enviro Care. It will be the responsib the center administrator to in the 4 topics on each meeting agenda. It will be the respons of the medical director to ens 4 topics listed above are disc	onmental wility of welude s sibility sure that	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		39C0001165		B. WING:		04/11/2023	
LIBERTY	VIDER OR SUPPLIER: EYE SURGICAL CENTER SE NUMBER: 17401501	R, LLC	STREET ADDRESS, 9122 BLUE G PHILADELPI	RASS ROA	D		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE	
S 033C	Based on observation, procedures, documents (EMP), it was determine failed to provide oversensure the requirement facility by the "Department of the Top of the Medical Staff of Center, LLC." dated Jam'article II Functions: Tof the Medical Staff to general policies of the the Medical Staff of the Medical Staff. The same cessary to perform annually."	and interview with hed the Governing Bight of the facility pris of the license granment" for the deliverere followed. The Board shall act of coordinate the activity various services purews and Rules and Rohe Board shall meet in its functions, but a systemic natural.	staff ody ractices to ted to the ry of ly Bylaws ical aled on behalf ities and suant to egulations as often t least	S 033C			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		.IIA (X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		39C0001165		1		04/11/2023	
NAME OF PROVIDER OR SUPPLIER: LIBERTY EYE SURGICAL CENTER, LLC STATE LICENSE NUMBER: 17401501		STREET ADDRESS, 9122 BLUE G PHILADELPI	RASS ROA	D			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 033C	Continued from page 4			S 033C			
	the Governing Body as follows:						
	a) 553.3(6): Tag 033F,						
	Responsibilities-failed	-	-				
	professional licensure		es prior to				
	hiring licensed profess	ionai personnei.					
	b) 553.3(8)(ii): Tag 03	3J, Governing Body					
	Responsibilities- failed						
	licensure and written re	eferences prior to him	ring				
	licensed professional p	ersonnel.					
	c) 555.2: Tag 5200, Medical Staff Membership-failed to comply with granting privileges to the medical staff in accordance with facility's Bylaws and "Department" state regulation a "Class B" ambulatory surgical facility (As						
	d) 555.3(d)(1): Tag 53D1, Requirements-failed follow established facility policy for the recommendation of clinical privileges only after has been a recommendation from the medical sto the Governing Body.						

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	MENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER F CORRECTION (POC) IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		39C0001165		B. WING:		04/11/2023	
LIBERTY	VIDER OR SUPPLIER: EYE SURGICAL CENTER E NUMBER: 17401501	R, LLC	STREET ADDRESS, 9122 BLUE G PHILADELPI	RASS ROA	D		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033C	Continued from page 5			S 033C			
	e) 561.25: Tag 6142, Dand Cosmetics-failed to	•					
	and unopened) of medi						
	secured manner within	the facility until dis	posal.				
	f) 567.41: Tag 6744, M	Saintenance					
	Service-Principle-faile	d to maintain and su	stain the				
	facility's safe and sanit	-					
	health hazards in the fa						
	Decontamination Roomemployees and patients	-	01				
S 033F				S 033F			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:		
		39C0001165				04/11/2023	
LIBERTY	VIDER OR SUPPLIER: EYE SURGICAL CENTER SE NUMBER: 17401501	R, LLC	STREET ADDRESS, 9122 BLUE G PHILADELPI	RASS ROA	D		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEI MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033F	Continued from page 6 553.3 (6) Governing Body I Governing Body responsibi (6) Adopting policies or pro orderly conduct of the ASF. This REGULATION is not	lities include: ocedures necessary for the	ne	S 033F	2. Governing Board Mem voted to approved changes to policy titled "Personnel Files now include that license verification and 2 references must be verified pan employees start date. The also voted to edit the new encheck list to include license verification, education verificand reference verification. To Center Administrator was proved the governing board meeting was educated on the policy and new checklist to be used for The center administrator will responsible for completing personnel files. New Employ will be audited once per qualithe medical director. The medirector will report their aud quarterly at the QAPI and Gobord Meetings.	o the s" to iffication, written prior to board inployee cation the resent at g and ind the hiring. I be yee files reter by edical it results	Completion Date: 06/30/2023 Status: APPROVED Date: 05/31/2023

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	` '	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
	39C0001165			00	04/11/2023		
NAME OF PROVIDER OR SUPPLIER: LIBERTY EYE SURGICAL CENTER, LLC STATE LICENSE NUMBER: 17401501		STREET ADDRESS, 9122 BLUE GH PHILADELPH	RASS ROA	D			
PREFIX MUST BE PRI	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 033F Continued from page	7		S 033F				
policies and proce (EMP), it was det failed to ensure the verification of lice references prior to personnel as required. Findings include: Review of facility of The Medical State of the Medical State general policies of the Medical State of the Medical State as necessary to personnel." Review of facility Meeting Minutes	dures and interview with dures and interview with termined the Governing It is facility established polenses and verification of the date of hire for licented by the "Department" Bylaws "Governing Boaff Of Liberty Eye Surged January 1, 2004, revenues: The Board shall act off to coordinate the activation of the various services purely bylaws and Rules an	h staff Body licies for written nsed '. dy Bylaws ical ealed on behalf vities and rsuant to Regulations t as often at least Board , revealed					

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER) PROVIDER/SUPPLIER/CLIA ENTIFICATION NUMBER:		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001165		A. BLDG: _ B. WING: _		04/11/2023	
NAME OF PROVIDER OR SUPPLIER: LIBERTY EYE SURGICAL CENTER, LLC STATE LICENSE NUMBER: 17401501			STREET ADDRESS, 9122 BLUE GI PHILADELPH	RASS ROA	D		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE	
S 033F	Continued from page 8			S 033F			
	Infection Control and I and procedures, GB vor plans/policies in place review again in 2023." Review of facility policies reviewed February 17, the policy of this facility on all employed individent employees will be initial clinical manager according required by federal, state Procedure: The person following documents, a listed: A. New Hire Dowaiver, Qualifications, documentationD. L. License, Certifications On-line licensure verifications of professional licensure in hiring licensed personn. An interview conducted.	cy "Personnel Files 2022 revealed "Polity to establish a personated and maintained ding to information at applicable, in the ocumentation: Applicable CV/resume, I-9 with icensure, Certification (BCLS, ACLS, etc. ication." Further reverged in the facility's possible in the facility's possible with no content and written reference and in the facility's possible.	B will B " last cy: It is connel file clinical by the which is ons the order cation h on:), iew fication of es prior to oblicy.				

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		IA (X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
	39C0001165 A. BLDG: B. WING: 04/11/2023						
LIBERTY	NAME OF PROVIDER OR SUPPLIER: LIBERTY EYE SURGICAL CENTER, LLC STATE LICENSE NUMBER: 17401501		STREET ADDRESS, 9122 BLUE G PHILADELPI	RASS ROA	D		
(X4) ID PREFIX TAG	MUST BE PRECEED!	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 033F	Continued from page 9 12:55 PM with EMP1 confirmed that the far policy did not contain a requirement that produce of hire, verification of licenses and very of written references for licensed personnel be completed. Cross Reference: 553.3(8)(ii): Tag 033J, Governing Body Responsibilities		rior to the rification	S 033F			
S 033J				S 033J			

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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		39C0001165			<u>uu</u>	04/11/2023	
LIBERTY	VIDER OR SUPPLIER: EYE SURGICAL CENTER SE NUMBER: 17401501	R, LLC	STREET ADDRESS, 9122 BLUE G PHILADELPI	RASS ROA	D		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		OULD BE	(X5) COMPLETE DATE
S 033J	, , , , , , , , , , , , , , , , , , ,		licensed on of	S 033J	A Policy titled "Personnel Fichanged at the governing bot meeting that took place on 04/13/2023 to now include requirements for obtaining li and education verification al with written references prior employee starting. The cente administrator will be response completing new employee ficher Administrator was proven the governing board meeting was educated on the policy, employee files will be audited monthly by the medical director will report to results quarterly at the QAPI Governing Board Meetings.	icense long to an er sible for les. The resent at g and New ed ctor. The their audit	Completion Date: 06/30/2023 Status: APPROVED Date: 05/31/2023

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		* *	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001165		A. BLDG: _ B. WING: _		04/11/2023	
NAME OF PROVIDER LIBERTY EYE STATE LICENSE NUM	E SURGICAL CENTER	R, LLC	9122 BLUE G PHILADELPI	RASS ROA	D		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SE CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE
Ba (PI det lice num "D rev Fir Re las It i file em clin rec Pro fol list ref Ce	ased on a review of far. F) and interview with termined that the fact enses and written referses prior to the date department" for two deviewed (PF1 and PF2) and the facility of the facility of the facility of the policy of this fact enable will be initial manager accordance by federal, stated: A. New Hire DoferencesD. Licensure triffications (BCLS, American ensure verification."	s policy "Personned accility to establish a dividuals. The files ated and maintained ding to information as applicable, in the ocumentation 2 write, Certification: Lie	the registered by the ss el Files " "Policy: personnel for clinical by the which is ns the order itten cense,	S 033J			

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	IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
	39C0001165		B. WING: _		04/11/2023	
NAME OF PROVIDER OR SUPPLIER: LIBERTY EYE SURGICAL CENTER, I STATE LICENSE NUMBER: 17401501	LLC	STREET ADDRESS, 9122 BLUE GI PHILADELPH	RASS ROA	D		
PREFIX MUST BE PRECEEDED E	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
1.Review on February 23 registered nurse hired on the license of the profession not verified until Septemble Review on February 23, 2 nurse hired on February 2 license of the profession verified until August 30, An interview conducted of 12:10 PM with EMP1 and and PF2 did not contain of that the professional licer the date of hire. 2. Review on February 22 registered nurse hired on no evidence of document references were verified p	January 6, 2022, resional registered number 22, 2022. 2023, of PF2, a reg 28, 2022, revealed al registered nurse, 2022. on February 23, 20 and EMP2 confirmed evidence of documents was verified possess was verified possess was verified possess.	revealed arse was gistered the was not 023, at d PF1 mentation orior to	S 033J			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER				PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	ΞY	
		39C0001165				04/11/2023	
LIBERTY	VIDER OR SUPPLIER: EYE SURGICAL CENTER SE NUMBER: 17401501	R, LLC	STREET ADDRESS, 9122 BLUE G PHILADELPI	RASS ROA	D		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE	
S 033J	Review on February 23 nurse hired on Februar evidence of documentar references were verified. An interview conducte 12:35 PM with EMP1 the facility had not ver references for PF1, a pregistered nurse and PI registered licensed nurconfirmed the facility was "Department" regulation references for profession hire. Cross Reference: 553.3(6): Tag 033F, Grasponsibilities	y 28, 2022, revealed ation that two writtened prior to hire. d on February 23, 20 and EMP2 confirme ified a minimum of rofessional licensed F2, a professional lices prior to hire. EM was not in compliance on for verification of conal licensed staff property in the property of the prop	2023, at d that two written censed P1 ce with the Ewritten	S 033J			

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			(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001165				04/11/2023		
NAME OF PROVIDER OR SUPPLIER: LIBERTY EYE SURGICAL CENTER, LLC STATE LICENSE NUMBER: 17401501		R, LLC	STREET ADDRESS, 9122 BLUE G PHILADELPI	RASS ROA	D			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIE MUST BE PRECEEDED BY FULL REGULATORY OR LSG IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DAT			
S 033J	Continued from page 14			S 033J				
S 5200				S 5200				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER					(X3) DATE SURV COMPLETED:	(X3) DATE SURVEY COMPLETED:	
		39C0001165			<u></u>	04/11/2023	
NAME OF PROVIDER OR SUPPLIER: LIBERTY EYE SURGICAL CENTER, LLC STATE LICENSE NUMBER: 17401501		STREET ADDRESS. 9122 BLUE G PHILADELP	RASS ROA	D			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 5200	Continued from page 15			S 5200			
	555.2 Medical Staff Members of the medimembership and the exercise to him. The governing body the recommendations of the privileges to qualified, licer with their training, experien competence and judgement and others granted clinical plicenses to practice in this C	pership cal staff shall be qualified of clinical privileges go of the ASF, after considered medical staff, may granused practitioners in accordance and demonstrated demonstrated Members of the medical privileges shall currently commonwealth.	granted dering at clinical ordance als staff		The governing board was ed on requirements for a Class and they voted to remove Endotracheal Intubation from anesthesia scope of care/requirements form. Governing lapproved a new scope of care/privileges form. Governing lapproved a new scope of care/privilege request form to used effective immediately. Administrator sent revised privilege's request form to verificate to all credentialed voted to require all forms be and returned by 07/01/2023 privilege's will be revoked. A educating the providers of the changes & requirements along a copy of the new form has be mailed to all credentialed an staff and copies have been at their personnel files. The ceradiministrator will report any providers who did not return request for new privileges to governing board at the schedimeeting in June, 2023. At the center administrator will those providers one more times.	B ASF In the luest for board To be Center To staff. GB signed for the least signed ded to esthesial dided to enter To signed for the diled at time, contact	Completion Date: 07/02/2023 Status: APPROVED Date: 05/31/2023

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001165				04/11/2023	
LIBERTY	VIDER OR SUPPLIER: EYE SURGICAL CENTER E NUMBER: 17401501	R, LLC	STREET ADDRESS, 9122 BLUE GI PHILADELPI	RASS ROA	D		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 5200	Continued from page 16			S 5200	effort to secure the documen prior to the 7/1/23 deadline. medical director will send a terminating privileges to any providers who did not return new scope of care/request fo 07/02/2023. The medical direction and CRI for approved privilege's mon The medical Director will regaudit results quarterly at the and Governing Board Meeting	The letter the rm on ector will NA files thly. port their QAPI	

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•	TIFICATION NUMBER:	A BI DG:	1 ' '		(X3) DATE SURVEY COMPLETED:	
3900	0001165	B. WING: _		04/11/2023		
NAME OF PROVIDER OR SUPPLIER: LIBERTY EYE SURGICAL CENTER, LLC STATE LICENSE NUMBER: 17401501		DDRESS, CITY, STATE, Z LUE GRASS ROA DELPHIA, PA 19	D			
(X4) ID SUMMARY STATEMENT OF DEFI PREFIX MUST BE PRECEEDED BY FU TAG IDENTIFYING IN	ILL REGULATORY OR LSC	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SI CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE	
Based on review of facility E (CF), and interview with staff determined the facility failed privileges to the medical staff facility's Bylaws and "Depart for a "Class B" ambulatory staffive of five credential files re CF3, CF4 and CF5). Findings include: Review of the facility's "Medical Liberty Eye Surgical Center" January 1, 2004, by the medical "Article VI Clinical Privilege otherwise provided in these be providing clinical services at entitled to exercise only those specifically granted. These provided in the providing clinical services at entitled to exercise only those specifically granted. These provides the providing practice in this stany restrictions thereon".	off (EMP), it was a to comply with grant of in accordance with the timent" state regulation urgical facility (ASF) eviewed (CF1, CF2, dical Staff Bylaws, adopted and dated east of Except as bylaws, a member of this facility shall be eclinical privileges or within the scope of a gegal credential	ing he ns for				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/IDENTIFICATION NUMBER 39C0001165			(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVEY COMPLETED: 04/11/2023		
LIBERTY	OVIDER OR SUPPLIER: EYE SURGICAL CENTE SE NUMBER: 17401501	R, LLC	STREET ADDRESS, 9122 BLUE GI PHILADELPH	RASS ROA	D		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
S 5200	Review on February 2 anesthesiologist, reveal privileges for "Endotral medical advisory board 2022, and approved for by the Governing Board privileges granted for beginning January 1, 2 31, 2025. Review on February 2 anesthesiologist, reveal privileges for "Endotral medical advisory board 2021, and approved for by the Governing Board privileges granted for beginning on Septemb September 19, 2023. Review on February 2 registered nurse anesthesiologist.	led CF1 was granted acheal Intubation" by d member on Decement medical staff reappered for a two-year per "Endotracheal Intubation," and expiring D as 2023, of CF2, and led CF2 was granted acheal Intubation" by d member on Septement medical staff reappered for a two-year per "Endotracheal Intubation at wo-year per "Endotracheal Intubation," and expusion, 2021, and expusion, 2023, 2023, of CF3, a certain acheal Intubation, and expusion, 2023, 2023, of CF3, a certain acheal Intubation, and expusion, 2023, 2023, of CF3, a certain acheal Intubation, and expusion, and expusi	the aber 30, so intment iod with ation" ecember the aber 17, so intment iod with ation" iod with ation" iring	\$ 5200			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER 39C0001165			(X2) MULTIH A. BLDG:		(X3) DATE SURVI COMPLETED: 04/11/2023	EY	
LIBERTY	OVIDER OR SUPPLIER: / EYE SURGICAL CENTE RISE NUMBER: 17401501	CR, LLC	STREET ADDRESS 9122 BLUE C PHILADELP	GRASS ROAI)		
(X4) ID PREFIX TAG	MUST BE PRECEEI	IT OF DEFICIENCIES (EACH DE DED BY FULL REGULATORY O TIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF C CORRECTIVE ACTIV CROSS-REFERENCED TO	ION SHOULD BE	(X5) COMPLETE DATE
S 5200	granted privileges for the medical advisory 2022, and approved for by the Governing Boa privileges granted for beginning on March 1 Review on February 2 registered nurse anest granted privileges for approved for medical Governing Board for March 10, 2022, with advisory board memb Further review of CF2 CRNA-Anesthesia Sc and dated by the medical as required by the Gothe privileges requested CRNA-Anesthesia Sc Review on February 2 anesthesiologist, reveal	board member on Ma or medical staff appoint and for a two-year per "Endotracheal Intubation, 2022. 23, 2023, of CF4, a centerist, revealed CF4 will "Endotracheal Intubation staff appointment by a two-year period begout approval by the more for privileges requival revealed a document tope Of Care" was not ical advisory board moverning Board for appendix of CF4 as delineated tope of Care documentation of CF5, and 23, 2023, of CF5, and 2023.	ertified was ation" and the ginning nedical ested. It titled "t signed nember proval of ted on the nt.	S 5200			

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PLAN OF CORRECTION (POC) IDENTIFIC.		IDENTIFICATION NUMBER	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 04/11/2023	
	OVIDER OR SUPPLIER: Z EYE SURGICAL CENTE	39C0001165	STREET ADDRESS, 9122 BLUE G	CITY, STATE, Z	ZIP CODE:	04/11/2023	
	ise number: 17401501	., 220	PHILADELPI				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SE CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE
S 5200	privileges for "Endotracheal Intubation" by medical advisory board member on Decem 2021, and approved for medical staff reapp by the Governing Board for a two-year per privileges granted for "Endotracheal Intubateginning on January 5, 2022, and expiring 4, 2024. An interview conducted on February 23, 20 11:02 AM with EMP1, confirmed CF1, CF and CF5 was granted privileges by the medical advisory board member and the Governing to perform Endotracheal Intubation on patients facility. In addition, EMP1 confirmed granted medical staff appointment without of privileges by the medical advisory board as required by the Governing Board. Furth		ber 31, sointment iod with ation" g January 223, at 22, CF3 dical Board ents at CF4 was approval d member ater	S 5200			
	interview confirm CF4 perform Endotracheal facility by the Governi the medical advisory b EMP1 confirmed the f and endotracheal intub	ts in the oproval by dition,					

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			IPLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED:	EY
		39C0001165			<u> </u>	04/11/2023	
LIBERTY	VIDER OR SUPPLIER: EYE SURGICAL CENTER E NUMBER: 17401501	R, LLC	STREET ADDRESS, 9122 BLUE G PHILADELPI	RASS ROA	D		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
S 5200	Continued from page 21 with the facility's licen "Department" as a Class Cross Reference: 555.3(d)(1): Tag 53D1	ss B facility.		S 5200			
S 53D1				S 53D1			

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER. PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:		
		39C0001165		A. BLDG: _ B. WING: _	00	04/11/2023	
LIBERTY	VIDER OR SUPPLIER: EYE SURGICAL CENTEI E NUMBER: 17401501	R, LLC	STREET ADDRESS, 9122 BLUE G PHILADELPI	RASS ROA	D		
(X4) ID PREFIX TAG	MUST BE PRECEED!	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATION OF THE AP		OULD BE	(X5) COMPLETE DATE
S 53D1	Continued from page 22 555.3 (d)(1) Requirements 555.3 Requirements for membership and privileges. (d) Granting of clinical privileges shall follow established policies and procedures in the bylaws or similar rules and regulations the procedures shall provide the following. (1) Written record of the application, which includes the scope of privileges sought and granted. The delineation "clinical privileges" shall address the administration of anesthesia. This REGULATION is not met as evidenced by:		ollow r similar he n, which	S 53D1	The governing board and medical director were educated on what the bylaws dictate must be present in a physician/CRNA file. The medical director was educated on his role granting privileges to new physicians and CRNAs. The medical director will audit new physician/CRNA files monthly to monitor granted privileges. Those audit results will be reported quarterly at the QAPI and Governing Board meetings.		Completion Date: 06/30/2023 Status: APPROVED Date: 05/31/2023

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER	R:			ON: (X3) DATE SURVEY COMPLETED:	
		39C0001165		A. BLDG: _ B. WING: _	00	04/11/2023	
NAME OF PROVIDER OR SUPPLIER: LIBERTY EYE SURGICAL CENTER, LLC STATE LICENSE NUMBER: 17401501			STREET ADDRESS, 9122 BLUE G PHILADELPI	RASS ROA	D		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 53D1	Continued from page 23			S 53D1			
	Based on review of the Bylaws, credential file staff (EMP) it was determined follow its established proficial privileges to medical staff member in reviewed (CF4). Findings include: Review of the facility's Liberty Eye Surgical Conductor January 1, 2004, by the "Article IV Appointment Authority revocations of appoints shall be made as set for after there has been a medical staff to the Good Review of the facility's Liberty Eye Surgical Conductor January 1, 2004, by the January 1,	s (CF), and interviewermined the facility foolicy for the recommon the Governing Bod for one of four crede s "Medical Staff Byle enter" adopted and dements and Reappointments, dements to the medical reth in these bylaws be ecommendation from verning Body." s Medical Staff Byla denter" adopted and deserter adopted and dese	wwith Failed to mendation y by the ential files aws, dated led ent. 5.2 mials and a staff out only m the aws, dated				

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XI) PROVIDER/SUPPLIER/CL DENTIFICATION NUMBER:	JIA	(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
39C0001165		B. WING:		04/11/2023	
LLC !	9122 BLUE GR	RASS ROA	D		
SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			CORRECTIVE ACTION SHO	OULD BE	(X5) COMPLETE DATE
cility shall be entitled privileges specificated and services must be in the scope of any credential authorizations staff privileges fied, or terminated on recommendation" 2023, of CF4, a cerust, revealed CF4 we first appointment by two-year period with adotracheal Intubated 2022. Further review to titled "CRNA-Andebruary 17, 2022, will red member had not	providing led to fically be y license, ing s may be by the n of the rtified ras the in the state of the state	S 53D1			
	eges: a member cility shall be entited privileges specified and services must in the scope of any credential authorized on recommendation in recommendation." 2023, of CF4, a cerest, revealed CF4 we fappointment by the oyear period with dotracheal Intubated on the scope of any credential authorized on recommendation."	STREET ADDRESS, 9122 BLUE GREEN PHILADELPH DEFICIENCIES (EACH DEFICIENCY Y FULL REGULATORY OR LSC IG INFORMATION) Reges: a member providing etility shall be entitled to all privileges specifically and services must be in the scope of any license, credential authorizing onsistent with any ical staff privileges may be fied, or terminated by the on recommendation of the" 2023, of CF4, a certified st, revealed CF4 was f appointment by the	A. BLDG:_B. WING:_ STREET ADDRESS, CITY, STATE, Z. 9122 BLUE GRASS ROAD PHILADELPHIA, PA 19 DEFICIENCIES (EACH DEFICIENCY Y FULL REGULATORY OR LSC IG INFORMATION) S 53D1 Reges: a member providing cility shall be entitled to all privileges specifically and services must be in the scope of any license, credential authorizing onsistent with any ical staff privileges may be fied, or terminated by the on recommendation of the" RO23, of CF4, a certified st, revealed CF4 was f appointment by the o-year period with dotracheal Intubation" RO22. Further review of titled "CRNA-Anesthesia bruary 17, 2022, which is different to the signed of the surface of	PROVIDERS PLAN OF CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE ACTION SHE CROSS-REFER	PCO001165 A BLDG: 00

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	' ' '		(X3) DATE SURVEY COMPLETED:		
		39C0001165			<u></u>	04/11/2023	
NAME OF PROVIDER OR SUPPLIER: LIBERTY EYE SURGICAL CENTER, LLC STATE LICENSE NUMBER: 17401501		STREET ADDRESS, 9122 BLUE GI PHILADELPH	RASS ROA	D			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE	
S 53D1	An interview conducte 12:55 PM with EMP1 director as a member of was to review, sign and privileges on the docur "CRNA-Anesthesia Sc Further interview confit of a documented signate the medical advisory be medical director on the "CRNA-Anesthesia Sc 17, 2022, recommending privileges requested by Cross Reference: 555.2: Tag 5200, Medical Sc 17, 2025, Tag 5200, Medical Sc 200, Medi	confirmed the medical advisor of the medical advisor of date the requested ment titled ope of Care" for CF armed there was no exture and date by a moard staff member of document titled ope of Care" dated I ag approval of the day CF4.	eal ary board 4. evidence ember of r the February elineated	S 53D1			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001165		B. WING:		04/11/2023	
NAME OF PROVIDER OR SUPPLIER: LIBERTY EYE SURGICAL CENTER, LLC STATE LICENSE NUMBER: 17401501			STREET ADDRESS, 9122 BLUE G PHILADELPI	RASS ROA	D		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 53D1	Continued from page 26			S 53D1			
S 6142				S 6142			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/G IDENTIFICATION NUMBER				PLE CONSTRUCTION:	COMPLETED:		
		39C0001165				04/11/2023	
LIBERTY	OVIDER OR SUPPLIER: EYE SURGICAL CENTER SE NUMBER: 17401501	R, LLC	STREET ADDRESS 9122 BLUE G PHILADELP	RASS ROA	D		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIEN MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6142	Continued from page 27			S 6142			
	561.25 Distressed drugs, de 561.25 Distressed drugs, de Drugs, devices and cosmeti deteriorated, unlabeled or in discontinued or obsolete shapharmacist or responsible p disposed of in compliance v and Federal regulations. This REGULATION is not	evices and cosmetics cs which are outdated, valued and equately labeled, recall be identified by the ligractitioner and shall be with applicable Common	alled, icensed		The Governing Board chang policies titled "outdated and drugs" and "controlled subst to reflect safe storage. Medic Director educated director of on new policies. The directo nursing educated nursing stanew policies at staff meeting 04/25/2023. The governing be determined that medications need to be disposed of are not kept in a box, labeled with the disposal company's name, in locked cabinet that only the of nursing has access to. Whe clinical employee comes acredication that is expired on to be disposed of they are to that medication to the director nursing. A log containing the medication name, strength, of expiration date and initials of turning the medication in for disposal will be kept with the disposal box in a locked cabithe director of nursing will audited disposal box monthly and will present her findings at the question of the policy of the present her findings at the question of the policy of the pol	expired ances" cal f nursing r of ff on g on coard that ow to be ne n a director nen a coss a r needs bring or of e quantity, f the RN r e inet in ce. The t the	Completion Date: 06/30/2023 Status: APPROVED Date: 05/31/2023

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER				(X3) DATE SURVEY COMPLETED:			
		39C0001165		B. WING: _		04/11/2023	
LIBERTY	VIDER OR SUPPLIER: EYE SURGICAL CENTER E NUMBER: 17401501	R, LLC	STREET ADDRESS, 9122 BLUE G PHILADELPI	RASS ROA	D		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6142	Continued from page 28			S 6142	quality committee and gover board meetings. Director of a educated clinical staff on ele storage and safety on 04/19/2 Clinical staff now date the el packs with the date opened a expiration date and they clos bags with a storage clip after Electrode inventory and storaudited weekly by an RN anresults are reviewed by the dof nursing. Weekly electrod results will be reviewed at th quarterly Quality and Govern Board meetings.	nursing extrode 2023. lectrode and the se the r use. rage is d then lirector le audit ne	

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER				(X3) DATE SURVE COMPLETED:		
		39C0001165		B. WING:		04/11/2023		
NAME OF PROVIDER OR SUPPLIER: LIBERTY EYE SURGICAL CENTER, LLC STATE LICENSE NUMBER: 17401501		STREET ADDRESS, 9122 BLUE G PHILADELPI	RASS ROA	D				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	IOULD BE	(X5) COMPLETE DATE		
S 6142	Continued from page 29			S 6142				
	Based on observation a (EMP), it was determined the center, Llc. failed to emedications (open and a secured manner with Findings include: Observation conducted 2:15 PM with EMP1 as soiled workroom reveated board box with unintravenous and topica an antibiotic (4) vialsed Timolol .5% Eye Drop date of 12//2022 and 0 1%, (2) 5ml vials-expland 12/15/2022, Polyn vial-expiration date of muscle relaxant, (10) 5 02/2023, Labetalol, an vial-expiration date of antihypertensive, (24)	ned Liberty Eye Surgnsure outdated vials unopened) was main the facility until did on February 23, 20 and EMP2 of the facilited a large open unsuppened outdated vial medications: Cefazexpiration date of 11 as (2) 5ml vials-expiration date of 12/08 and EMP2 of the facility of the facili	gical of ntained in isposal. 023, at lity's lealed als of colin 1 mg, /2022, ration le Drops /2022) 5ml lm, a date of 0 20 ml lazine, an					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:				PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED:	ΞY	
		39C0001165		B. WING:		04/11/2023	
NAME OF PROVIDER OR SUPPLIER: LIBERTY EYE SURGICAL CENTER, LLC STATE LICENSE NUMBER: 17401501		STREET ADDRESS, 9122 BLUE G PHILADELPI	RASS ROA	D			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6142	Continued from page 30 01/2023. A requested was made policy for storage and of medications. None was a medications. None was approximately 2:40 PM confirmed the medication the soiled workroom staff had access to the staf	to EMP1 for the fact disposal of expired is provided. d on February 23, 20 if with EMP1 and EM on vials in the cardle were expired and in medications. EMP1 taff would have account in the soiled wor master key to unlock the were the word in the soiled word master key to unlock the were expired and the soiled word master key to unlock the were the word in the soiled word adhesive conductive and utilized for the weather the soiled word and utilized for the weather the soiled word in the soiled word in the weather the weather the soiled word in the soiled word in the weather the	D23, at MP2 Doard box Onclinical Stated " ess to rkroom Ek the Dlicy, and ned the e foam delivery	S 6142	CROSS-REFERENCED TO THE .	APPROPRIATE	DATE
	instructions for use.						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			` '		(X3) DATE SURVEY COMPLETED:		
		39C0001165		B. WING:		04/11/2023	
NAME OF PROVIDER OR SUPPLIER: LIBERTY EYE SURGICAL CENTER, LLC STATE LICENSE NUMBER: 17401501		9122 BLUE GO PHILADELPI	RASS ROA	D			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 6142	Continued from page 31			S 6142			
	Findings include: Observation on February 23, 2023, at approximately 2:30 PM with EMP1 and EMP2 of the nursing station revealed an open pouch of adhesive conductive foam electrodes with the						
	following documentation						
	observation revealed th	-					
	written documentation						
	expiration once opened						
	foam electrodes reveal						
	single adhesive conduc						
	single use packaging. I						
	revealed a stretcher and	d monitor not in use	with				
	numerous foam electrodes attached a cardimonitor.		ac				
	A review of facility documentation " All-Purpose Foam Electrodes: Instruction for Use" revealed "Precautions: Do not use if package is opened or damagedTo prevent dry out, fold over the top of ECG (electrocardiograph) electrode pouch."		aled ned or e top of				

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	ΞY
		39C0001165			<u></u>	04/11/2023	
NAME OF PROVIDER OR SUPPLIER: LIBERTY EYE SURGICAL CENTER, LLC STATE LICENSE NUMBER: 17401501		STREET ADDRESS, 9122 BLUE GO PHILADELPI	RASS ROA	D			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	CORRECTIVE ACTION SH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	
S 6142	2:35 PM with EMP1 at unfolded open pouch of electrodes did not contran expiration date on the interview confirmed the types of single adhesive with no date of open and electrode. Further integradhesive electrodes we that the top of the pouch			S 6142			
S 6744				S 6744			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001165			A. BLDG:00		(X3) DATE SURV COMPLETED: 04/11/2023	PLETED:	
LIBERTY	OVIDER OR SUPPLIER: Z EYE SURGICAL CENTE ISE NUMBER: 17401501	ER, LLC	STREET ADDRESS 9122 BLUE G PHILADELP	RASS ROA	D		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEF MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 6744	Continued from page 33 567.41 MAINTENANCE 567.41 Principle The ASF shall be equ to sustain its safe and sanitary character hazards in the ASF for the protection of patier. This REGULATION is no	nipped, operated and main ristics and to minimize hearts and employes.		S 6744	The approved document, "clasafe inspection tool", was reat the governing board meeting 04/13/2023. The governing by voted to add "check all equipand tools for rust" to the tool director of nursing was educe the tool and will complete it. The results for these weekly will be reported by the direct nursing at the quarterly qualitinfection control and govern board meetings. The rusted con the OR stools were replaced on the OR stools were replaced on the OR stools were replaced on 04/20/2023. A barrier between ultrasonic sanitizer and the sinstalled in the decomposition on 04/20/2023. The Governity voted to switch to disposable laryngoscopes at GB meeting 04/13/2023. The 2 anesthesis have been audited and the sechave been replaced with predisposables. The medical director of nursiall clinical staff on the new son 04/19/2023. The anesthesis will be audited monthly by a	viewed ing on board pment 1. The cated on weekly. audits tor of ity, ing casters ced een the sink was on room ing Board ee g on a carts copes -sealed rector sing and scopes sia cart	Completion Date: 06/30/2023 Status: APPROVED Date: 05/31/2023
					be sure everything is stored s		

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: (X3) DATE SURV COMPLETED: A. BLDG:00		(X3) DATE SURVE COMPLETED:	EY
		39C0001165				04/11/2023	
NAME OF PROVIDER OR SUPPLIER: LIBERTY EYE SURGICAL CENTER, LLC STATE LICENSE NUMBER: 17401501		R, LLC	STREET ADDRESS, 9122 BLUE G PHILADELPI	RASS ROA	D		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6744	Continued from page 34			S 6744	All anesthesia cart audits will reviewed by the director of ronce completed. The directonursing will present the audifindings at the quarterly infecontrol, quality, and GB meeting the director of nursing will responsible for the continued implementation of the plan of correction.	nursing r of t ction etings. be	

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER. PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			COMPLETED		(X3) DATE SURVE COMPLETED:	EY	
		39C0001165			00.	04/11/2023	
NAME OF PROVIDER OR SUPPLIER: LIBERTY EYE SURGICAL CENTER, LLC STATE LICENSE NUMBER: 17401501		R, LLC	STREET ADDRESS 9122 BLUE G PHILADELP	RASS ROA	D		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRI CORRECTIVE ACTION SI CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE	
S 6744	Continued from page 35			S 6744			
	Based on a review of fitour and interview with determined the facility Surgical Ambulatory Smaintained to sustain in characteristics to mining facility's Operating Ro Room for the protection. Findings include: Review of facility politilast reviewed October Responsibilities: The Confection Preventionist infection control meass includes the authority necessary when, in the reasonable possibility patient(s) or others in the personnel and the admensure all systems are	h staff (EMP), it was a failed to ensure Lib Surgery Center (ASC ats safe and sanitary mize health hazards from and Decontamion of employees and a facy "Infection Control 2, 2022, revealed "Governing Body auth to institute appropriates within the facility to employ whatever fair judgement, there is of immediate danger the facilityPhysic inistrator is responsi	erty Eye (*) was in the nation patients. rol Plan " norizes the iate ity. This methods is a (*) to any al plant ble to				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:		
39C0001165				00	04/11/2023			
NAME OF PROVIDER OR SUPPLIER: LIBERTY EYE SURGICAL CENTER, LLC STATE LICENSE NUMBER: 17401501			STREET ADDRESS, CITY, STATE, ZIP CODE: 9122 BLUE GRASS ROAD PHILADELPHIA, PA 19114					
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE			
S 6744	Continued from page 36		S 6744					
	1. Observation on February 23, 2023, at 2:1 with EMP2, in OR1 revealed a surgeon's st a brown reddish corrosive substance resemble on the bottom base of the stool and a brown corrosive substance resembling rust on who stool. An interview conducted on February 23, 202:16 PM with EMP2 in OR1 confirmed the reddish substance covering the bottom base wheels of the surgeon's stool was rust. 2. Observation on February 23, 2023, at 2:1 with EMP2, of the Anesthesia Cart in OR2 a sealed see-through package containing a laryngoscope blade (instrument inserted interpatient's mouth to view the airway). Further observation revealed the sealed packaging contain information on the package as to we the instrument was processed by use of ster and ready for patient use. Further observation revealed two unpackaged laryngoscope blade found in the drawers of the Anesthesia Cart		tool with bling rust in reddish eels of the 023, at each of the 17 PM revealed to a eridid not whether rilization ion ides					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
39C0001165			A. BLDG: <u>00</u> B. WING:		04/11/2023		
<u> </u>							
	VIDER OR SUPPLIER: EYE SURGICAL CENTEF	R, LLC	STREET ADDRESS, 9122 BLUE G				
	15401501		PHILADELPI	HIA, PA 19	114		
STATE LICENS	E NUMBER: 17401501						
(X4) ID		OF DEFICIENCIES (EACH DE		ID	PROVIDER'S PLAN OF CORRE	CTION (EACH	(X5)
PREFIX TAG		ED BY FULL REGULATORY O FYING INFORMATION)	R LSC	PREFIX TAG	CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A		COMPLETE DATE
	G : 16 27	·					
S 6744	Continued from page 37			S 6744			
	An interview conducte	d on February 23, 20	023, at				
	2:20 PM with EMP2, c	· · · · · · · · · · · · · · · · · · ·					
	Cart in OR2 contained a sealed see-through						
	packing containing a laryngoscope blade with no						
	information on the packaging as to whether the						
	instrument was processed by use of sterilization and						
	ready for patient use. Further interview confirmed the two unpackaged laryngoscope blades found in the drawers of the Anesthesia Cart in OR2 were not ready for patient use and appeared to be						
	unsterilized.						
	3. Observation on February 23, 2023, at 2:40 PM with EMP2 and EMP3 in the Decontamination Room revealed an ultrasonic sanitizer unit utilized for processing surgical instruments position on a						
	countertop next to a clinical sink utilized to dispose						
	of clinical waste. Further observation revealed						
	separation barrier was mounted between the						
	ultrasonic sanitizer unit position on the countertop						
	and the clinical sink ut	ilized to dispose of o	clinical				
	waste.						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:			
39C0001165					04/11/2023				
NAME OF PROVIDER OR SUPPLIER: LIBERTY EYE SURGICAL CENTER, LLC STATE LICENSE NUMBER: 17401501			STREET ADDRESS, CITY, STATE, ZIP CODE: 9122 BLUE GRASS ROAD PHILADELPHIA, PA 19114						
(X4) ID PREFIX TAG	MUST BE PRECEEDE		ID PREFIX TAG	CORRECTIVE ACTION SH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DA				
S 6744	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENT MUST BE PRECEEDED BY FULL REGULATORY OR LSG IDENTIFYING INFORMATION) Continued from page 38 An interview conducted on February 23, 2023 2:54 PM with EMP2 and EMP3 confirmed the ultrasonic sanitizer unit utilized for processing surgical instruments was position on the count in the Decontamination room next to the clinic utilized to dispose of clinical waster. EMP3 s "I know we need a barrier between the ultraso sanitizer unit used for instrument processing a clinical sink which is used to dispose of waste products. I have seen such a barrier at another I used to work at."		the sing puntertop inical sink 3 stated asonic ag and the aste	S 6744					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 39C0001165			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 04/11/2023		
NAME OF PROVIDER OR SUPPLIER: LIBERTY EYE SURGICAL CENTER, LLC STATE LICENSE NUMBER: 17401501			STREET ADDRESS, CITY, STATE, ZIP CODE: 9122 BLUE GRASS ROAD PHILADELPHIA, PA 19114				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE	
S 6744	Continued from page 39			S 6744			

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Certified End Page

LIBERTY EYE SURGICAL CENTER, LLC

STATE LICENSE NUMBER: 17401501 SURVEY EXIT DATE: 04/11/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY